MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026475
STATE FILE NUMBER

Registration District No. FILED JUL 24 1962 Primary Registration District No. 3016 Registrar's No. 286

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON CITY, MO. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CAPITAL REST HOME — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R. R. # 3 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First AMELIA — Middle ANN — Last KLIETHERMES
4. DATE OF DEATH: Month JULY — Day 15, — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/26/76
9. AGE (last birthday): 86 — IF UNDER 1 YEAR: Months 1 Days 19 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Loose Creek, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward Favier
13b. MOTHER'S MAIDEN NAME: Mary Regner
14. NAME OF HUSBAND OR WIFE: Theodore Kliethermes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Elmer Kliethermes — Address: J C Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypertensive & Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6-25-62, to 7-9-62 and last saw her/him alive on 7-9-62
Death occurred at 6:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. B. Klebba M.D.
22b. ADDRESS: 712 W. High - Jefferson City Mo
22c. DATE SIGNED: 7-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/18/62
23c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
23d. LOCATION (City, town, or county) (State): Loose Creek, Mol
24. FUNERAL DIRECTOR: Sylvester Dude — ADDRESS: J C Mo.
25. DATE RECD. BY LOCAL REG.: 18 July 1962
26. REGISTRAR'S SIGNATURE: R. P. Harris MD - N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 4829

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.